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**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90292 034 \*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** N96000000175 (7)

1. Corporation Name

EVERGLADES YOUTH ASSOCIATION, INC.

Principal Place of Business

201 Buckner Ave  
Everglades City, FL  
34139  
US

Mailing Address

P.O. Box 153  
Everglades City, FL  
34139  
USA

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 P.O. Box 152

27 Suite, Apt. #, etc.

28 City & State

28 Everglades City, FL

29 Zip Country

30 34139 USA

3. Date Incorporated or Qualified

01/10/1996

4. FEI Number

65-0642785

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

GEHRKE, CHARLES R.  
24311 Walden Center Drive, Suite 201  
Bonita Springs, FL 34134

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE  
NAME MAYBERRY, JOLEN  
STREET ADDRESS S.R. BOX 74-Box 74-B  
CITY-ST-ZIP OCHOPEE FL

TITLE D ☐ DELETE  
NAME OWEN, MIKE  
STREET ADDRESS P.O. BOX 548, JANE'S SCENIC DR.  
CITY-ST-ZIP COPELAND, FL 33926

TITLE DV ☐ DELETE  
NAME OWEN, DEBBIE  
STREET ADDRESS P.O. BOX 548, JANE'S SCENIC DR.  
CITY-ST-ZIP COPELAND, FL

TITLE T ☐ DELETE  
NAME DYKES, ROSE M  
STREET ADDRESS P.O. BOX 152 N/A  
CITY-ST-ZIP EVERGLADES CITY FL

TITLE S ☐ DELETE  
NAME PODANY, ROBYN  
STREET ADDRESS P.O. BOX 339, 404 S COPELAND AVE.  
CITY-ST-ZIP EVERGLADES CITY FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DIRECTOR ☐ Change ☒ Addition  
1.2 NAME CHARLES R. GEHRKE  
1.3 STREET ADDRESS 24311 WALDEN CENTER DRIVE, #201  
1.4 CITY-ST-ZIP BONITA SPRINGS, FL 34134

2.1 TITLE DIRECTOR/HISTORIAN ☐ Change ☒ Addition  
2.2 NAME GREG PODANY  
2.3 STREET ADDRESS P.O. BOX 331  
2.4 CITY-ST-ZIP EVERGLADES CITY, FL 34137

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*

CHARLES R. GEHRKE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99

Date

941-947-8811

Daytime Phone #

CR2E037 (11/98)